

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097869925**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1				
4		1				
5		1				
6		12				
7		31				
8		10				
9		10				
10		10				
11		1				
12		1				
13		1				
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	13	↓		↓		↓
TOTAL CLAIMS	15					

	*		*		*
	IND.	DEP.	IND.	DEP.	IND.
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99					
100					
TOTAL IND.		↓		↓	↓
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS